

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY  |  |
|--|--|--|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |  |
| <p>1. Article Addressed to:</p> <p>Robert E. Johnson<br/> Institute for Justice<br/> 901 N. Glebe Road, Suite 900<br/> Arlington, VA 22203</p> <p>DR-17-CV-48 Doc. 43</p>  |  | <p>B. Received by (Printed Name)<br/> Lairay Gudum</p> <p>C. Date of Delivery<br/> 10/10/17</p>  |  |
|  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/> If YES, enter delivery address below <input type="checkbox"/> No</p> <p><b>FILED</b></p> <p>OCT 17 2017</p> <p>CLERK U.S. DISTRICT COURT</p>  |  |
|  |  | <p>3. Service Type: <b>WESTERN DISTRICT OF TEXAS</b></p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collection Delivery</p> |  |
| <p>2. Article Number<br/> (Transfer from service label)</p>  |  | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>  |  |
| <p>PS Form 3811, July 2013</p>   |  | <p>7016 0910 0001 1680 7508</p> <p>Domestic Return Receipt</p>   |  |